

## BUREAU OF INFORMATION

NATIONAL SOCIETY FOR CRIPPLED CHILDREN, CLEVELAND, OHIO

# BULLETIN ON CURRENT LITERATURE

OF INTEREST TO CRIPPLED CHILDREN WORKERS  
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Articles appearing in the bimonthly magazine, The Crippled Child, or in the monthly news letter of this Society, The Crippled Child Bulletin, are not listed in this Bulletin.

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BULLETIN ON CURRENT LITERATURE  
Prepared by Lillian Dowdell, Librarian

Issued monthly to affiliated state and local societies for crippled children, to state agencies engaged in the treatment, education or vocational rehabilitation of cripples, and to public or private institutions or agencies having Institutional Membership in the National Society for Crippled Children.

1. Annual Report, 1940-1941. Bridgeport Chapter of the Connecticut Society for Crippled Children, 258 Golden Hill St., Bridgeport, Connecticut, 17 pp. (mimeographed)
2. Barden, Graham A. H.R. 5906, 77th Congress, 1st Session, A BILL to amend the Act entitled, "An Act to provide for the promotion of vocational rehabilitation of persons disabled in industry or otherwise and their return to civil employment." Oct. 23, 1941. 11 pp. Free from Mr. Barden or your own Representative.
3. Biennial Report of the Kentucky Crippled Children Commission. 1941. Kentucky Crippled Children Commission, 301 Heyburn Bldg., Louisville. 39 pp.
4. Brimm, Theodore. Labor Supply in the Defense Era; Discussing a Partial Solution for Candy Plants. The Manufacturing Confectioner, Dec., 1941. Vol. 21, No. 12, pg. 12

An employee of the Illinois State Employment Service recounts the advantages of physically handicapped workers, and recommends their employment in suitable jobs by candy manufacturers. He tells of the favorable experience of one manufacturer [Williamson Candy Co., makers of "Oh, Henry!"] with handicapped employees. The placement procedure of job analysis is outlined, with particular attention to the study of the physical demands of the job.

5. Camp Greentop - Report of Camp Greentop for 1941. Maryland League for Crippled Children, Inc., 827 St. Paul St., Baltimore, Md. 1942. 23 pp.

"Camp Greentop was established by The Maryland League for Crippled Children in 1937. It is located near Thurmont, Maryland in the Catoclin Mountains and was built by the National Park Service for organizations dealing with underprivileged children. The National Park Service designed the camp to accommodate ninety-six children, twenty-four counselors and an executive staff including a director, two assistant directors, medical staff, and kitchen staff. The camp is primarily a health camp where every effort is made to improve the child's physical condition through physiotherapy, sun treatments, and special diet. The children who go to camp are selected by our Medical Advisory Committee according to their individual needs.

"Along with the health work the objective of the entire camp program is to develop the crippled child to take his place in the normal social scheme. Confronting the staff in their work is the fact that campers are physically handicapped children, many of whom are dwarfed emotionally by extended periods of hospitalization, by too much sympathy from protecting families, or by very distressing home environments. With this in mind a program of character building was developed, the limits of physical ability being carefully considered but not too openly stressed. The program described in the following pages was worked out to achieve the above mentioned goals."

The training program for the camp staff is outlined. This includes a pre-camping series of lectures on camp organization and activities, and a constant in-service training and supervision program. A description of the camp program includes information on such activities as swimming, physiotherapy, crafts, nature study, music and dramatics..

"The camp enrollment for 1941 was ninety-nine children totalling 5,354 camper days computed by multiplying the number of campers by the number of days in camp. We had no special groups at camp nor did we allow any campers to leave before the season was over....

"The cost to maintain a camper for eight weeks remained the same as it has since we started camp, namely, one hundred dollars per season or twelve dollars and fifty cents per week. This, of course, was exclusive of camp equipment, which is always purchased from special funds. ...The total camp expenditures for 1941 were \$9,174.50."

6. Cerebral Palsy Round Robin Digest, 1938 to 1941. Committee on Research and Efficiency, American Occupational Therapy Association. 56 pp. (Mimeographed.) Copies available from Miss Margaret S. Rood, James Whitcomb Riley Hospital, Indianapolis, Indiana, at 50¢ each, plus postage. Weight, 12 oz.

This is a digest of information and suggestions contained in a round-robin notebook (three volumes) started in 1938. It contains a bibliography, a list of available films, and a list of phonograph records suitable for use in training cerebral palsy children.

The main part of this handbook is given over to drawings showing, and explaining the construction and use of, special equipment for the cerebral palsied child. The main divisions are: General Equipment (tables and chairs, book-rests, walkers, ski skates and skate shoes, etc.); Feeding; Habit Training (dressing, toilet); Writing; Craft Projects; Corrective Toys and Games; Speech Therapy; and Recording Progress of Cerebral Palsy Cases.

7. Curtis, Helen M. The Spastic Child. The American Journal of Nursing, Jan., 1942. Vol. 42, No. 1, pg. 39.

A case study of one spastic child, with a summary of the treatment and training program and the child's response and prognosis.

8. Fifth Annual Summary of Fourth of July Injuries. The Journal of the American Medical Association, Jan. 3, 1942. Vol. 118, No. 1, pg. 46.

This statistical summary of deaths and injuries due to fireworks and explosives reports 11 deaths and 2,039 injuries on July 4, 1941. This is an increase in the number of deaths, and a decrease in number of injuries, compared with the 1940 statistics. The article shows that the decreased number of accidents is due to passage and enforcement of adequate state anti-fireworks legislation.

9. Galvin, Louise F., M.D. The Virginia Program for Children With Rheumatic Fever. The Child, Jan., 1942. Vol. 6, No. 7, pg. 164.
10. Gibson, Stanley, M.D. Rheumatic Heart Disease in Children. Michigan Public Health Dec., 1941. Vol. 29, No. 12, pg. 229.
11. Gould, Cora E. The Convalescent Center. The Modern Hospital, Jan., 1942. Vol. 58, No. 1, pg. 69.

Principles for convalescent institutions, including those for orthopedic cases.

12. Halliday, C.H., M.D. Poliomyelitis Situation in Maryland. Monthly Bulletin of the Maryland State Department of Health, November, 1941. Vol. 13, No. 9, pg. 77.

A report of the fourth state-wide outbreak of poliomyelitis in Maryland, occurring during the summer and early fall of 1941, and affecting 215 cases from January 1 to October 15 (preliminary statistics). Early in the summer a plan was worked out with the Children's Bureau to meet the situation.



This article tells the main features of this plan, and how it worked during the epidemic. Reports are given on the distribution of cases by age, sex, and race, geographic distribution, seasonal distribution, multiple cases in families or households, second attacks, and clinical epidemiology.

13. Hansson, Kristian G. Present Status of Treatment of Poliomyelitis. Archives of Physical Therapy, Jan., 1942. Vol. 23, No. 1, pg. 43.
14. Hedley, O. F., M.D. Facilities in the United States for the Special Care of Children with Rheumatic Heart Disease. Public Health Reports, December 5, 1941. Vol. 56, No. 49, pg. 2321.

This report by a United States Public Health Service Surgeon, submitted in 1940, includes a list of all the known hospitals, convalescent homes, sanatoria, etc. for cardiac children, together with detailed information on the facilities, personnel, and policies of many of the larger, well-established institutions.

"According to Swift there are less than a thousand beds devoted exclusively to the care of rheumatic heart disease patients in the United States. Of these, about 300 beds are located in institutions in Greater New York....

"There were in the United States at the beginning of 1940 one rheumatic heart disease hospital, seven convalescent institutions of various types devoted exclusively to the treatment of children with heart disease, and one organization with a unit furnishing foster home care to children recovering from rheumatic infection. One of the convalescent sanatoriums is adding facilities for the care of essentially hospital cases. Since the beginning of 1940 at least two other rheumatic heart disease sanatoriums have been opened, while beginning in the fall of 1940 a general convalescent institution in Florida was to be devoted entirely to the treatment of rheumatic heart disease....

"For economic reasons it is doubtful whether special rheumatic heart disease sanatoriums are warranted in areas with less than a quarter of a million population. In any attempt to deal with this problem, a survey should be made of existing institutions to determine to what extent they may be utilized. Most general convalescent institutions treat some rheumatic cardiac patients; in many places it is desirable to increase the number of beds available for this purpose....

"Foster home care provides an alternative to institutional care. The chief advantage is economy, since practically no initial outlay is required and the per diem cost is less. Foster home care is more flexible, and can be expanded or contracted according to case volume and financial resources. There is probably less danger of cross infection, and the child is maintained in an environment more nearly like that to which he will eventually return. It should be understood, however, that laxly managed foster homes constitute a physical and moral hazard...."

Several pages are devoted to the planning of special institutions for these children, taking into consideration the location, type of construction, isolation facilities, grounds, equipment, research activities, clinical records, educational facilities, psychological program, duration of treatment, affiliated cardiac clinic facilities, and need for various types of personnel.

15. Hesoltime, Marjorie M. Children and the National Nutrition Program. The Child, Jan., 1942, Vol. 6, No. 7, pg. 168.

16. Intoxication and the Traffic Accident Emergency. National Safety Council, Inc., 20 N. Wacker Drive, Chicago, Illinois. 1941. 11 pp.
17. Kelly, Elizabeth M., Ph. D. A Program to Develop Social Maturity in the Orthopedic Child. Journal of Exceptional Children, Dec., 1941. Vol. 8, No. 3, pg. 75.

Dr. Kelly, head teacher at the Branch Brook School in Newark, New Jersey, reports that of 78 orthopaedic children to whom the Vineland Scale was administered, 61 had lower SQ's than their own respective IQ's. She calls attention to the fact that the SQ scores should be "interpreted with due regard for special limiting circumstances such as crippling, ill health, sensory defects, adult domination, and other barriers to opportunity," but nevertheless states, "though allowance was made for the particular deficiency, the children individually still fell short of being socially mature on many of the items."

Of the eight categories of activities used in the Vineland Scale, two - Self-Help in Eating and Socialization - were selected for analysis of the failures of the orthopedic children, and for concentrated effort for improvement.

Self-help in eating is being taught in the school lunch room, where the child receives instruction and practice in the elementary skills of handling foods and eating utensils, and in the development of table manners, and develops the ability to eat with a mixed group of boys and girls without embarrassment.

A period for supervised play and games and another period for supervised arts and crafts, a Boy Scout Troop, a school newspaper, and an honor roll based on certain personality and character traits are among the projects instituted to help improve the Socialization scores.

"The honor roll recordings will give the first hint of how the children are masters of the functions of Self-Help (Eating) and Socialization. What they net will be the outcome of their own independent actions as judged by classmates and teachers. ...A more objective evaluation will be made at the end of the year by readministering the Vineland scale for a new comparison of the IQ's and SQ's of those tested before to determine if the concentrated teaching program has been valuable."

18. Kenny, Raymond. A New Program for Crippled Children in West Virginia, The Forgotten Cripple, Dec., 1941. Bulletin No. 30, pg. 2.

The director of the West Virginia Department of Public Assistance, in charge of the state crippled children's program, tells how the state's budget of \$262,000 (including federal funds) will be spent for crippled children this year. He also includes a brief history of the crippled children's movement in his state, and recommendations for the future program. He especially calls attention to the need for a program for cardiacs, and for a special hospital and program for cerebral palsy and other cases needing long hospitalization.

19. Kopetzky, Col. Samuel J., M.C. Health for Rejectees. Survey Midmonthly, Jan., 1942. Vol. 78, No. 1, pg. 9.

The story of the physical rehabilitation program for men rejected by the New York City Selective Service System. The program is a volunteer service of some 200 members of the North Atlantic District of the American Association of Medical Social Workers.



20. Lehman, Mrs. Harold M. Volunteer Worker in Occupational Therapy. Hospitals, Jan., 1942. Vol. 16, No. 1, pg. 43.
21. Leishin, Adeline. I'm Glad I Live in 1941. Spastic Review, Fall 1941. Vol. 2, No. 6, pg. 24.

A spastic paralytic tells how modern mechanical inventions, modern treatment methods, and an increasing public understanding and appreciation of cerebral palsied persons have made her life happier and more useful than it could have been in any previous time. [This same issue of The Spastic Review contains articles on dressing skills, social adjustment, avocations, education and treatment.]

22. Lenroot, Katharine F. Children in a Time of Crisis. Parents' Magazine, Jan., 1942. Vol. 17, No. 1, pg. 28.

The "annual report" of the Nation's children for 1941 tells of the progress of this country in providing for health and welfare of its children through maternal and child health services, public health services, prevention of child labor, and other social efforts.

23. Mills, Alden B. Physical Therapy Technicians. The Modern Hospital, Jan., 1942. Vol. 58, No. 1, pg. 59.

Report of a nation-wide survey of average monthly salaries of physical therapy technicians.

24. Moore, Ellen H. Emotional and Physical Responses of Birth Injury Cases to Speech Correction. Journal of Exceptional Children, Jan. 1942. Vol. 8, No. 4, pg. 100.

Mrs. Moore, a teacher of speech improvement in the Martin Orthopedic School of Philadelphia, emphasized not only the speech improvement which is possible in cerebral palsy cases, but also the related advantage which may result from speech training. Among these advantages, is better relaxation resulting in physical, mental and emotional improvement.

"Speech training for the child handicapped as a result of cerebral injury is a long slow process ...It is admitted that after years of training, in cases where there is motor involvement, a complete cure is rarely accomplished; the handicapped individuals are still marked to varying degrees by abnormal speech. But those children do have an immeasurably more facile and intelligible means of contacting their families and friends. ...These are thinking beings, sensitive to hurt, capable of suffering; we have removed one barrier that lies between them and the rest of the world, one cause for anguish, and tension, and bafflement. Is this worth time and money?"

25. National Foundation for Infantile Paralysis, Incorporated, Annual Report, 1941. 120 Broadway, New York City. Publication No. 38. 58 pp. Free.

This report covers much the same scope as President O'Connor's address [see article No. 28, pg. 6], with additional information on the history of the Foundation, and lists of appropriations and grants for research, professional education, etc., and a financial report of the Foundation.

26. Newland, T. Ernest. Ten Points Concerning Reimbursement on Part-Time Instruction for Homebound Handicapped. Reprint from December, 1941, Quarterly News of the Pennsylvania Society for Crippled Children, 271 Boas St., Harrisburg. 1 page. (Limited supply free copies available from National Society for Crippled Children.)

Regulations of the Pennsylvania State Department of Public Instruction regarding employment of teachers, hours of instruction, provision of equipment and supplies, etc., for homebound children whose education is to be provided under the terms of a 1941 Pennsylvania law.

27. O'Connor, Basil. Leading the Fight on Poliomyelitis. Public Health Nursing, Jan. 1942. Vol. 34, No. 1, pg. 13.

The President of the National Foundation for Infantile Paralysis presents a summary of the purposes and activities of the Foundation. The nursing education program is given special mention.

28. O'Connor, Basil. The President's Address. National Foundation for Infantile Paralysis, 120 Broadway, New York City. Publication No. 37. Dec. 4, 1941. 18pp.

In his address to the Second Annual Medical Meeting of the National Foundation, President O'Connor recounts the activity of the Foundation in the fields of virus research, chemotherapy, epidemiology, after-effects research, education, and development of local chapters of the Foundation.

29. Orthopedically Handicapped Children. Board of Education of the City of New York. 500 Park Avenue, New York City. 1941. 141 pp. 50¢

This is the statement of the findings of the Sub-Committee on Orthopedically Handicapped Children of the Committee for the Study of the Care and Education of Physically Handicapped Children which was appointed by the New York City Board of Education in 1936. Dr. Benjamin P. Farrell was Chairman of the Sub-Committee.

The book reviews the history of the education of crippled children, especially in New York City, and describes the present New York City educational program for these children, especially from the standpoints of administration, numbers and types of children served, vocational education, and provisions for the cerebral palsied. The following are among the committee's recommendations:

"That the busses used for the transportation of children to and from school be owned and operated by the City. They should be limited to a capacity of 15 or 20 children and the assignment of children to schools should be carefully planned to reduce to a minimum the distance that they are transported. Children should be called for and delivered at their homes. Transportation should be provided only for those who actually need it and not necessarily for all crippled children. ...

"That the classes for crippled children begin at the kindergarten level.

"That special schools for crippled children be constructed and that at least one such school should be located in each borough. These buildings should be equipped with elevators, ramps, rest rooms, lunch rooms, playgrounds, physiotherapy rooms, shops, etc. ... That in the absence of special schools, the special classes for children crippled by orthopedic conditions be consolidated into larger units, containing a minimum of six classes. That these be placed in already existing school building, remodeled to provide... [the facilities listed above.]

"That children who are unable to walk but who can get about in wheel chairs be permitted to attend school when proper facilities as mentioned above are provided for them. ...



"That medical inspection be furnished by the School Health Service for home-bound children for whom home instruction is requested in order to eliminate those who are able to attend school and others who are incapable of profiting from instruction....That home instruction when necessary be extended for high school children.

"That the school program for each child be planned in relation to his physical abilities, based upon the vocational expectancy of the disabilities. This information should be provided upon the child's entrance to school by the physician or clinic in charge of the case....

"That sufficient special classes be created for children who have both a mental and a physical handicap so that ones with low IQs (below 75) may not retard the progress of those who are normal mentally....

"That facilities for carrying out physical therapy be provided by the Department of Hospitals, Board of Health or Board of Education in each school containing classes for crippled children....That the equipment for physical therapy be simple and inexpensive, consisting of a table, a few rugs and mats, and apparatus for radiant heat and ultra-violet light. That in no case should such treatments be given when a child is receiving private treatment unless the physician in charge requests it in writing....it should be insisted upon, and provision should be made, for the child to visit his physician at regular stated intervals when the prescription for the physiotherapy should be renewed. The physician requesting continuation of physical therapy treatments should be required to make reports of progress and length of time treatment is to continue until the next examination by him.

"That therapeutic pools for the treatment of crippled children be limited to hospitals. That swimming instruction be given to an orthopedically handicapped child only upon a written prescription of the physician attending the child. That orthopedically handicapped children in need of physical therapy who are not receiving it elsewhere, but who are not sufficiently handicapped to justify their admission to special classes, be assigned to regular classes in schools in which physical therapy facilities are available and given appropriate treatment as proscribed by their physicians. That the services of sufficient specially trained physical education teachers be available for each unit of classes for orthopedically handicapped children and that they be responsible for executing programs of physical activities based upon the recommendations of the physician."

30. Protecting The Pedestrian in the Traffic Accident Emergency. National Safety Council, Inc., 20 N. Wacker Drive, Chicago, Illinois. 1941. 11 pp.
31. Riese, Mildred. How Orthopaedic Hospital Plans for Major Disaster Emergency. Hospital Management, January, 1942. Vol. 53, No. 1, pg. 19.
32. Sixth Annual Report of the Oklahoma Commission for Crippled Children. Oklahoma Commission for Crippled Children, 313 Franklin Bldg., Oklahoma City. 1941. 28 pp.
33. Winter Driving in the Traffic Accident Emergency. National Safety Council, Inc., 20 N. Wacker Drive, Chicago, Illinois. 1941. 11 pp.
34. Yoder, Robert M. Healer from the Outback. The Saturday Evening Post, Jan. 17, 1942. Vol. 214, No. 29, pg. 18.

Another popular magazine publishes a layman's story of Sister Elizabeth Kenny, the Australian nurse who has devised a new method for treating poliomyelitis.